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TWENTY-SEVENTH ALL-UNION CONFERENCE OF SURGEONS

- USSR -

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FOREWORD

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Burns

The first day of the conference was devoted to the problem of "Burns," a problem which is of particular interest from the position of the practice of surgery as well as from the point of view of pathogenesis.

The delegates listened with great attention to reports on the problems of pathogenesis, and in particular to the characteristics of the course of burn sickness in children, the methods of the control of burn shock, causes of lethality, and other various aspects of this problem.

Professors A. A. Vishnevskiy, G. D. Vilyavain, and the Doctor of Medical Sciences M. I. Shraibe (Moscow) read the main report on thermal burns. In speaking of the pathogenesis of burn sickness, the authors emphasized the fact that the reaction of the organism to burn traumas develops in man somewhat differently than it does in animals. This is due not so much to the anatomical peculiarities of the structure of the human skin, but mainly to the high organization of the nervous system which in man performs a considerably greater intimate regulation of all the functions of the organism than it does in animals.

The superpowerful thermal irritant in large area burns produces sharp modifications of the condition of the nervous system; the nervous and endocrine regulation of the activity of all the organs and system of the organism is disturbed. This fact must be taken into consideration when methods of the therapy of burns are being chosen.

The majority of the patients, as is known, die from burn shock. The course of burn sickness depends on the depth and duration of burn shock. The more severe the state of shock, the stronger is the phase of toxemia which follows shock. The only correct method of therapy of burn shock is the complex method which includes elements of pathogenetic therapy. It reduces capillary permeability, reduces the loss of plasma and hemoconcentration, and makes it possible to prevent the danger of overloading the organism of the patient with large quantities of fluids.

The authors of the report think that the initial treatment of a burn surface by the Vil'bushevich method is highly damaging and should

be substituted by a method which is less injurious. The open and closed methods of the therapy of burn wounds should be applied according to definite indications. The open method should be mainly applied in burns of the face, the perineum, and the external sex organs of adults, and in burns of various localizations in children. The authors recommend the early excision of the necrotic tissue in deep burns and the covering of the defects which have been formed by cutaneous transplants in those cases in which this operation is practically safe. It should be utilized in burns limited in depth, with an affected area not exceeding 10 per cent of the body surface, and then only in patients adequately strong. In large and deep burns the less injurious method of necrotomy and progressive necrectomies during planned dressings is recommended. Among the different variants of plastic surgery in cases of large area and deep burns in patients considerably weakened, the combined auto- and homo-plastical surgery with small transplants transplanted on the granulated surface merits consideration.

Those were the main premises presented in the report. They were supplemented and made more precise by other scientists who addressed the conference.

Functional disturbances and morphological modifications of the internal organs in burn sickness was the topic of a report by Professors N. S. Molchanov, V. P. Kuznetsova, I. N. Katrushenko, L. M. Klyachkin, P. V. Pinchuk (Leningrad). The character and course of burn sickness depends on the phase and development of the pathological process (shock, toxemia, infection, septic complications). During the early periods following the trauma, functional disturbances predominate; morphological modifications develop later. The intensity of these modifications depends on the area of injury and the reactivity of the organism. The greatest modifications are manifested by the cardio-vascular system, the digestive organs, renal organs, and the lungs. The early manifestation of these modifications is of great significance: it makes it possible to adopt the necessary therapeutic and prophylactic measures and consequently to influence the outcome of the disease.

Ye. A. Kruglova (City of Frunze) in her report cited experimental data on the pathophysiology and pathomorphology of burn shock. She declared that burns of the abdomen by chemical substances differ from thermal burn by the absence of manifestations of the erectile phase. The assumption is confirmed that this phase is reflected not only by arterial pressure. Orientation in this respect only on arterial pressure means to overlook the presence of the erectile phase in burn shock.

Morphological data indicate that in exteroceptive as well as interoceptive burn shock the modifications are of a monotypical character reflected in an increase in the permeability of the vascular walls. Perivascular hemorrhages occur with greater rarity. Modifications of the liver, lungs, and suprarenal glands are expressed with greater strength.

Burn shock, its prophylaxis and therapy was the theme of a report read by professors I. S. Kolesnikova and T. Ya. Ar'yeva (Leningrad).

Burn shock, according to the authors in one or another degree is observed in 30 to 40 per cent of patients in whom the area of burn wounds exceeds 10 per cent of the body surface. The division of burn shock into primary, secondary, tertiary and toxic is in clinical practice realized with difficulty and is therefore hardly justified. In severe forms of burns shock pain is not characteristic. Infusion therapy and particularly hemotransfusion and all types of novocaine blocks are the most effective methods of therapy of burn shock, in the opinion of the speakers. The primary surgical processing of burn wounds by the Vil'bu-shevich method intensifies shock and contributes to its relapse. Tracheotomy is evident in all cases of severe burn shock, particularly in burns of the body, face, and upper respiratory organs.

Professor S. D. Tarnovskiy and S. V. Shishanova (Moscow) spoke on burns in children. The course of burns sickness in children is considerably more serious than in adults. Shock develops and frequently leads to a lethal outcome if the burn area exceeds 10 to 15 per cent of the body surface. A complex of measures including the administration of anesthetics and pain relieving drugs is necessary for the control of shock. The authors of the reports think that the coagulating method of Nikol'skiy-Betmen is the best method for the therapy of burns of particularly large areas. A beneficial effect is obtained by the application of paraffin dressings when used in the therapy of burns of the extremities. These methods relieve pain, secure healing, and are most convenient for the application to children.

Reports on the therapy of burns were presented by Professors B. M. Khromov, Docent L. I. Garvin, N. D. Kazantsev, Ye. A. Khodneva, N. I. Svistunov, K. N. Lazareva, S. M. Fedorovskiy (Leningrad), Doctor of Medical Sciences R. L. Ginzburg (Moscow), Prof. M. V. Mukhin (Leningrad), Prof. N. A. Topchibashev and K. Aliyev (Baku), and Docent M. G. Icmazov (Zaporozh'ye).

R. L. Ginzburg reported that the intravenous administration of morphine, novocaine, the bilateral paranephral novocaine blockade, transfusion of blood and its substitutes and oxygen therapy made it possible to reduce lethality from burn shock. The parenteral administration of antibiotics, in the opinion of the authors, is indicated in all cases of burn sickness. The control of toxemia and infections is possible by means of early necrectomy, homoplasty, followed by autoplasty. The closing of a large burn wound during the first stages of therapy are accomplished by the application of biological materials, homotransplants, heterotransplants, and a fibrin membrane.

Prof. M. V. Mukhin spoke on his experience in the therapy of facial burns. During the first ten to twelve days after the burn, it is not possible to determine the difference between second and third degree burns. For this reason the excision of the necrotic tissue is carried out only after this period. The primary treatment is limited to the processing of the burned surface. The open method of therapy is used, the wounds are daily irrigated with solutions of antibiotics

or are lubricated with synthomycin emulsion. The free transplantation of skin in third degree facial burns may be carried out no sooner than 15 to 18 days after the trauma.

Prof. M. A. Topchibashev and K. Aliyer (Baku) spoke on the experiment of therapy with paraffin dressings. After removing the separated flaps of the epidermis and dirt, the burned surface was treated with a physiological solution or benzene. Paraffin was then applied (thickness of the layer one to two millimeters) and sterile gauze also saturated with paraffin was placed on the wound. The dressing was changed every three to five days, and therapy continued until the complete epithelization of the wound. This method made it possible to reduce the period of therapy by an average of ten and more days.

Experiments with skin transplantation in cases of extensive burns were conducted at the Moscow Institute of First Aid imeni Sklifosovskiy. Ye. V. Bonch-Bruyevich told of these experiments. The early free transplantation of skin (as soon as the body cools) was highly effective in third degree burns. Considerable successes have been achieved with autoplasty. Body skin transplanted before autoplasty served well as a temporary biological dressing. Massive transfusions of protein fluids, blood, electrolytes and the administration of adrenocorticotrophic hormone are used for the prevention of anemia and hypoproteinemia; a protein diet was prescribed.

A similar report was made by Docent V. D. Bratus' (Kiev). He said that plastic surgery carried out three days after a burn is justified only in cases with very limited burns and therefore is of no particular practical significance. The author spoke of an experiment in which early cutaneous autoplasty which is usually carried out 2 to 3 weeks after a burn was performed. Satisfactory functional and cosmetic results were obtained.

P. M. Medvedev (Leningrad) spoke on the preparation and conservation of human skin to be used for the closing of burned surfaces.

Prof. D. M. Grozdov (Moscow) spoke on the indications for the application of blood and blood substitutes in burn sickness. The investigation of the comparative effectiveness of different transfusion preparations when used in burn sickness disclosed that the transfusion of polyglucin is mostly justified for the prophylaxis and therapy of burn shock. The blood and blood plasma obtained from burn convalescents, or low molecular fractions of polyvinylpyrrolidine are recommended for the control of severe intoxication. The wide application of protein hydrolysates and heteroprotein fluids are indicated in hypoproteinemia and hypoalbuminemia.

Prof. P. V. Bogoslovskiy, I. Z. Belik, and Z. I. Stukalo (Stalino) presented an analysis in burn sickness based on data from several therapeutic establishments in Stalinsk Oblast'.

Scientists from abroad read reports at the conference. Prof. P. Lortia (Belgium) spoke on the results of the investigations of the pathomorphology and therapy of burns. In speaking of the pathomorphology of burns, Prof. P. Lortia paid attention to two particular character-

istics. First, the rapid diminution of the blood content of chlorine and potassium—to 20 per cent of the normal content. Serious disturbances of cardiac activity are caused by the decrease in the blood content of potassium, while a decrease in the quantity of chlorine in the blood seriously disturbs diuresis. Sodium is maintained at a more constant level in the blood during the first eight days. The second important characteristic is the increase in the nonprotein nitrogen. On the basis of histological investigations and experiments carried out on animals, the scientist came to the conclusion that burns do not cause any serious histological modifications in the renal organs. The intravenous administration of plasma, even isotonic, at a dose exceeding 60 grams per kilogram body weight of the patient causes the development of nephrotic changes in the kidneys. The same plasma intravenously administered in a similar dose to burned animals produces similar changes in the kidneys; when intraperitoneally administered, however, these modifications do not develop. The author of the report thinks also that renal modifications are caused not by the burns, but to a large degree by the large quantities of the liquids introduced into the organism of the patient. It is, therefore advisable to put a halt to the introduction of physiological salt solution into the organism for it leads to the rapid increase of sodium in the blood and tissues, and to the increase of edemas. The decrease in chlorine, in the author's opinion, should be compensated by the administration (by mouth) of potassium chloride.

S. Lil'yedal' (Sweden) spoke of his experiences in the therapy of burns. In most cases he applied the open method of therapy, without the use of dressings. Antishock therapy by the intravenous infusion of blood, plasma, albumin, and dextran was begun from the moment of the arrival of the patient at the hospital. Antibiotics were not used.

The participants in the conference heard with interest the paper read by Dr. A. Ionescu (Rumania). Oral feeding and the infusion of large quantities of fluids is prohibited in order to prevent the intensification of gastro-intestinal stress in patients who are in a state of shock, or who suffer from burns of more than 25 per cent of the surface of the body. In third degree burns, the crusta which are formed are removed on the 10th day, and either auto- or homotransplantation of skin is begun on the 24th to 28th day. Tracheotomy is undertaken in case of deep burns of the face and neck. The administration of the adrenocorticotrophic hormone, in the author's opinion, does not improve the patient's general condition; neither does he recommend the application of neuroplegic preparations, as they tend to complicate the clinical picture of the disease.

Prof. Chou Tse-chu (China) spoke of the three stages of burn therapy: the shock stage, the stage of infections and complications which develop after the healing of the wound, and the stage of skin transplantation. Drugs which produce a condition similar to that of "winter hibernation" are prescribed to all patients in addition to the administration of fluids and plasma during the shock period. This is

followed by the application of all possible means to control sepsis. It is known that in later periods, complications in the form of scars as well as functional disturbances develop and all measures should be taken to prevent their development.

Papers were read also by Docent Sh. Dem'yen and Dr. P. Steynet (Czechoslovakia), Prof. V. Stoyvanovich (Yugoslavia), Dr. P. Raynov (Bulgaria), Prof. R. Shtaba and Dr. V. Nasilovskiy (Poland). Prof. Kostich (Yugoslavia) warmly greeted the participants in the conference.

Discussions followed the reading of the reports. Professor A. A. Fedorovskiy (Kiev) thought that the term "Pathogenetic therapy of burns" was incorrect, as there are no specific characteristics which are inherent in this therapy. The speaker assumed that the flooding of the organism with fluids is dangerous; however, he did not know what represents a large or small quantity of the introduced fluid; this problem, in his opinion, was still open to argument.

A. F. Dvoychenkova, a physician, (Magnitogorsk) spoke of her experiences in the therapy of burns. M. I. Silina, a physician (Stalino) spoke on the therapy of chemical burns.

To this date, there is no single method of therapy of burns stated S. S. Melik-Isayelyan (Yereva), and this makes difficult the therapy of the infection. Reflecting the strongly irritating and toxic preparations (tannin, silver nitrate, etc.), "we began to apply novocaine-penicillin which does not irritate the wound, improves tissue trophism, and provides an effective control of infection." Ointment dressings are the best means of improving heat retention and reducing the loss of plasma, in the opinion of the author.

Prof. I. S. Ginzburg (Baku) expressed his regret that not one of the speakers at the conference mentioned the necessity of intraosseous administration of different shock-arresting drugs: neither was there any mention made of such preparations as hydrolysin with alcohol and ascorbic acid, magnesium sulfate and calcium chloride in combination with erythrocyte mass, although they secure beneficial results.

Prof. N. N. Yelanskiy (Moscow) and others took part in the discussions.

In conclusion B. A. Petrov, the chairman of the conference, thanked the speakers and the participants in the discussions, including the foreign guests.

Diseases and Injuries of the Esophagus

The problem of the pathology of the esophagus, a highly important problem from the point of view of clinical practice, was discussed on the basis of three basic directions at the conference; cicatricial esophagostenosis of different etiology and the restorative surgery for the creation of the entire organ or its replacement; cardiospasm and its therapy; extraneous substances of the esophagus. The considerable and interesting results of the experiences accumulated by contemporary medicine were presented in the reports to the conference.

Special observations said Prof. B. A. Petrov in his report, entitled "Artificial Esophagus in Cicatricial Esophagostenosis," revealed that an artificial esophagus wholly "constructed" from the intestine is functionally the most useful. Such total intestinal plastic surgery is accomplished through the mobilization of a transplant of such length that the upper end of the intestine can emerge through the cervix, and if necessary extend to the pharynx. For many years surgeons have constructed an artificial esophagus from the initial sections of the small intestine (by the method of Rue--Hertzen--Yudin). The suturing, however, of the mesentery vessels carried out for the purpose of the utilizing of the upper loop occasionally threatens it with either partial or complete necrosis. The method of the supplementary mobilization of the mesentery root of the small intestine developed by Professors B. A. Petrov and G. R. Khundadze made this operation considerably easier. By utilizing this method it is possible without risk to bring out the loop of the small intestine above the clavicle. Total plastic surgery is made easier also by the application of reconstruction surgery. When the small intestine loop situated low under the skin, a cutaneous canal is opened within one to 1.5 months, and the loop is replaced to a higher point making it unnecessary to extend the cutaneous tube.

Prof. B. A. Petrov emphasized that the longer the loop the greater is the danger of necrosis of the small intestine. Because of this, surgeons in the past 5 to 7 years have begun to surgically construct the esophagus from the large intestine. Either the transverse colon, or the right or left half of the large intestine, depending on the disposition of the vessels which feed it, are used for that purpose. The mobilization of the right half of the large intestine together with the cecum and with a section of the small intestine which becomes the cecum, proved to be the more simple and safe method.

The method of passing the intestine under the skin does not now satisfy the surgeons. Of greater advantage from a functional and cosmetic points of view are the intrathoracic methods; intrapleural, retrosternal, and posterior mediastinal. The intrasternal method proved to be the more simple and safe method; this is borne out by more than 100 operations in which an intrasternal esophagus was constructed from the small and large intestines.

Prof. V. I. Popov (Leningrad) in a report entitled "Restoration of the Esophagus in Case of Cicatricial Stenosis," emphasized that it

is advisable to utilize the large intestine, for its anatomical characteristics are conducive to its use for this purpose. The speaker cited an operation in which an artificial esophagus was "constructed" from the large intestine. He cited as complications the formation of fistulas on the cervix, and the obstruction in the intestine and the artificial esophagus at the level of the manubrium of the sternum in retrosternal plastic surgery.

A. A. Polyantsev (Stalingrad) spoke on his experience with restorative surgery by using the stomach in high cicatricial esophagostenosis. Upon the localization of the stenosis, or the complete obstruction of the esophagus at a level higher of the 7th vertebra the stomach was connected with the esophagus at a level higher than the area of obstruction. The method of intrathoracic plastic surgery with the help of the stomach has the advantage over the other well-known methods of plastic surgery in that the vagus nerves are not bisected and the digestive functions are not disturbed. Plastic surgery of the esophagus has been carried out in cases of stenosis lower than the 3rd thoracic vertebra.

I. G. Skvortsov (Chelyabinsk) told of the results of 60 operations in which posteromediastinal artificial esophagi were constructed from the jejunum. An analysis of the results of the therapy indicates that the posteromediastinal method of plastic surgery makes it possible to construct an artificial esophagus from jejunum. The method of constructing an artificial esophagus in the posterior mediastinum from the jejunum (without removing the esophagus) may be recommended mainly for adults; children tolerate such an operation with greater difficulty.

The remote results of the therapy of cicatricial stenosis of the esophagus were traced by F. N. Doronin (Saratov), a Candidate of Medical Sciences, who had under observation 217 patients in the surgical wards of two clinical hospitals. The period of observations varied from 5 to 17 years. An analysis of the remote results of the therapy makes it possible to deduce that the introduction of bougies with elastic dilators is the basic method of therapy of cicatricial stenosis of the esophagus. Surgery for the construction of an artificial esophagus is indicated only in those patients in whom it is not possible to draw a thread through the stenosed esophagus by any means and to apply the method of retrograde bougie method.

Prof. A. G. Savinykh (Tomsk) presented a paper on the method of total plastic surgery on the esophagus through the thoracic cavity. In 1954, Prof. Savinykh developed a new intrapleural channel--the retrosternal anterior fascia--for plastic surgery on the esophagus. Anatomical conditions of the formation of the retrosternal-fascia tunnel makes it possible to avoid the operational pneumothorax. The new method has been successfully applied in the Hospital Surgical Clinic of the Tomsk Medical Institute.

The method of retrosternal total plastic surgery of the esophagus from the large intestine is being practically applied by Prof. A. N. Machabeli (Riga). A tunnel directly behind the sternum is formed without the section of the diaphragm. It is always straight regardless of

the oblique position of the pleural folia. This method is devoid of those shortcomings which are characteristic of esophagus plastic surgery carried out in the anterior mediastinum. Improved surgical technique and the application of intratracheal anesthesia made possible a single-stage operation, and reduced the time necessary for the surgery. All operations were carried out without the formation of a gastric fistula.

A number of reports were on the subject of the therapy of cardiospasm. Prof. B. V. Petrovskiy (Moscow) who read a paper on this problem emphasized that cardiospasm is encountered in five percent of esophagus affections. The etiology and pathogenesis of the disease have not as yet been fully clarified. Prof. Petrovskiy adheres to the neurogenic theory of the pathogenesis of cardiospasm, and distinguished four phases of the disease: functional spasm of an alternating character without the dilation of the esophagus; the stable cardiospasm with a slight dilation of the esophagus; cicatricial modifications of the cardiac muscular layers and the expressed dilation of the esophagus; sharply expressed stenosis of the cardia with a large dilation of the esophagus; and esophagitis. These phases may pass from one form to another. Under favorable conditions, the condition of patients suffering from the first or second phases of the disease frequently remains stable for years.

In choosing the method of therapy, Prof. Petrovskiy said, it is necessary to take into consideration the phase of the disease, the age of the patient, the accompanying disease, etc. The dilation of the esophagus with a cardio-dilator in addition to drug therapy is indicated in the first and second phases of the disease; if this therapy is unsuccessful in the second phase of the disease, surgery is recommended. Cardiospasm in the third and fourth phases calls for surgical interference.

In the opinion of T. A. Suvorova (Moscow), the term cardiospasm denotes a neuro-muscular disease, which should be more correctly called cardiac achalasia. At the basis of this disease is a disturbance of the nervous system. Conservative therapy is not successful in the cardiac achasia.

Prof. V. A. Ivanov (Moscow) on the basis of data obtained in experimental and clinical observations, cardiospasm is a gastric dystrophy caused by modification of innervation. This intensified reaction of the gastric nervous system of the stomach to a normal natural irritation—the passage of a chunk of food through the cardia. The modifications of the esophagus which take place in a cardiospasm are basically a compensatory phenomenon. This point of view, according to the speaker, makes it possible to explain the unsuccessful therapy of cardiospasm by the application of anastomosis. The resection of the focus of the acute dystrophy as a method of wide denervation is, apparently a radical method of the therapy of the disease.

Are there, however, at the present time adequately dependable and basic methods of cardiospasm therapy? Prof. M. I. Kolomyshenko

(Kiev), basing his opinion on literary data and personal observations, rejects this fact. Surgery carried out by the Geyrovskiy method is frequently ineffective, and its application should be limited to a maximal degree. The application of the dilation of the stenosed part of the esophagus with the Shtark dilator is necessary in the first and second phases of the disease; if this is unsuccessful, one of the methods of surgical therapy may be applied. The importance of the simultaneous utilization of generally strengthening therapy and of measures acting on the nervous system should not be forgotten.

That cardiospasm, as a neurogenic disease can be cured by conservative methods in most patients, is the point of view of A. A. Shalimov (Kharkov), a doctor of medical sciences. In some patients, however, conservative therapy is unsuccessful, and it is necessary to resort to surgical interference. The speaker thought that it is more advisable to apply cardioplastic surgery by the Geller method; the utilization of this method (in its modification) produces immediate as well as remote results.

In an analysis of the results of cardiospasm therapy by the application of esophagofunda anastomosis carried out at the Institute of First Aid imeni Sklipoosofskiy, V. V. Umanskaya (Moscow) said that the remote results (from six months to 13 years) proved to be unsatisfactory. One to ten years after the operation most of the patients developed complications: peptic esophogitis. Beneficial results were obtained when the bloodless mechanical dilation of the cardia with a Shtark dilator was applied in the first and second phases of the disease.

Several reports on chemical burns of the esophagus were read. Prof. A. P. Biyezin (Riga) spoke on his experiences with the therapy of such burns in children. An attempt to neutralize the caustic substance and to wash the stomach by means of a soft gastric catheter were carried out in the early stage of the trauma. The quiescence of the esophagus was assured, a corresponding diet with the application of vegetable oils was prescribed.

The application of antibiotics was found to be useful. The elastic bougies were introduced at the end of the first or the beginning of the second week after the relief of the acute inflammation and the beginning of the scabbing. The bougies were applied every other day, remaining in the esophagus for periods of one to two minutes. An esophagoscope for introducing the bougies was used in cases of the eccentric disposition of the aperture of the stenosis. Indications for plastic surgery on the esophagus were carried out with caution in children, and only after adequately prolonged attempts of systematic conservative therapy.

M. G. Zagarskirkh (Kishinev), a candidate of medical sciences, devoted his report to the problem of the therapy of burns and cicatricial stenosis of the esophagus with peritoneal tubes. Special tubes prepared from the peritonium of cattle by the N. N. Kuznetsov method were used for this purpose. A special method for the preparation of these tubes and methods for their introduction into the esophagus were

developed. Before their introduction, the tubes were treated with a solution of antibiotics and antiseptics. Seventy-nine patients suffering from fresh burns of the esophagus, the speaker said, were cured by this method since 1956. No complications were noted in these cases and the period of treatment (compared with the bougie method) was considerably reduced. The remote results indicate that in all patients who were cured by this method the esophagus is freely passable. Completely satisfactory results were obtained also in the therapy of patients with stable cicatricial stenosis of the esophagus by means of draining its lumen with peritoneal tubes and a gradual increase of their diameter.

The attention of the delegates to the conference was attracted by the report on foreign bodies in the esophagus and complications caused by them, read by Prof. B. S. Rozanov (Moscow). The speaker gave an analysis of 10,000 personal observations conducted for a period of 30 years and offered concrete recommendations for the diagnosis and therapy of such affections. The application of esophagoscopy is always preferred in cases of foreign bodies in the esophagus; it is best to remove the foreign body through esophagoscopy and the establishment of complete external drainage in the area of the cellular tissue of the esophagus. Only when esophagoscopy fails should serious operative interference be resorted to, best of all to the external section of the esophagus. The rationality of these tactics is practically confirmed; in recent years, lethality of cases with foreign substances in the esophagus fluctuated within the limits of tenths of a per cent. This is due to timely surgical interference in cases of complications, improvement in the post operative care of the patients, and the obligatory application of antibiotics.

Complaints alone by the patient in regard to foreign substances in the esophagus are not indications for surgical interference: a correct diagnosis is essential. The speaker is critical of the wide application of diagnostic esophagoscopy; it is useless in 75 per cent of the patients. The roentgenological method of diagnostics is far more useful. The Trusso catheter and bougies should be utilized for the investigation of the esophagus.

All complications caused by foreign bodies in the esophagus are connected with trauma of its walls and the subsequent spread of the infection. In cases of perforation and still more in cases of rupture it is necessary immediately to expose it, establish good drainage in the cellular tissue near the esophagus, and to completely "exclude" the esophagus by introducing a permanent thin catheter through the nasal passage for feeding, or to perform a gastrotomy. It is possible to delay surgery for one to two days in cases of traumas of the wall of the esophagus and limited inflammation of the surrounding tissues. If no improvement takes place, operative interference for the introduction of drainage is indicated.

Benign tumors of the esophagus are comparatively rare. However, as was emphasized by H. A. Gukasyan (Moscow), a candidate of medical sciences, they should be surgically treated, for first, the possibility

of them becoming malignant cannot be excluded, and second, because the progressive enlargement of the tumor may cause a number of complications depending on the compression of the surrounding organs.

Yu. N. Shanin (Leningrad) spoke on the investigations of a group of scientists--anesthetists and surgeons--who had studied the problems of pain relief in intrathoracic operations on the esophagus. The speaker emphasized the fact that the possibilities of modern anesthesiology and surgical technique make it possible to reduce the periods of the most complex operations to 2.5 to 3 hours. This is highly important to the surgical therapy of the diseases and traumas of the esophagus.

Reports were also read by the Candidates of Medical Sciences Z. N. Vantsyan and T. T. Daurova (Moscow), who spoke on the alloplasty of the esophagus; Prof. K. N. Zivert (Tomsk)--On the connection between a spasm and stenosis of the cardia with the inflammatory process of the mediastinum; M. K. Shcherbatenko (Moscow)--on the significance of roentgenodiagnosics of esophagus perforations; and Prof. A. I. Rudeman (Moscow)--on the diagnostics and therapy of leiomyoma of the esophagus.

The delegates heard the reports by the foreign scientists who participated in the conference with considerable interest. Prof. Z. Husfeld (Denmark) spoke on the surgical therapy of a sliding hernia of the esophageal hiatus of the diaphragm in adults. He emphasized the difficulty of the diagnostics of this disease and spoke on the stages of the surgical interference method which he applied; an approach through the thoracic cavity; mobilization of the esophagus; the section and removal of the hernia sack; the removal of the peritonium of the lower surface of the lower part of the diaphragm. The posterior wall of the stomach is then sutured to the esophagus, and the adjoining part of the wall is then fastened on the exposed lower surface of the diaphragm. Recently, Prof. Husfeld has changed this method having included Fundal application of the stomach.

Prof. V. Rapant (Czechoslovakia) told about surgical interference in cases of varicose dilation of the veins of esophagus. It is his opinion that if portocaval anastomosis is not possible in this disease, an exomucous membrane suture should be made or a resection of the membrane with succeeding restoration should be carried out. In case of severe hemorrhage in conservative therapy direct interference on the esophagus is necessary.

Prof. V. Shmitt (German Democratic Republic) considers it necessary to carry out a resection of the cardial sections of the stomach and esophagus in nursing and young children. He analyzed in detail the results of operation of intrathoracic esophagogastrostomy and came to the conclusion that it produces a beneficial result in nursing and young children.

Prof. P. Rubani (Hungary) spoke on the therapy of benign stenosis of the esophagus. A report on injuries of the esophagus was given by Docent M. Minchev (Hungary). The report by Docent Ya. Lgotka, K. Khmela, and Z. Borek (Czechoslovakia) dealt with the problem of traumatic perforation of the esophagus. P. Raynov (Bulgaria) spoke on

the problems of the surgical treatment of stenosis of the esophagus and cardiospasm. V. Mikhale and N. Dembets (Poland) spoke of their observations of foreign bodies in the esophagus. G. Popov (Bulgaria) spoke about the surgical technique in the joining of the esophagus with the jejunum. Prof's. A. Nana, K. Mirchoyn, K. Toader, and T. Kanuchi (Rumania) spoke on experiences with the therapy of stenosis of the esophagus. Prof. K. Stoyanov (Bulgaria) spoke on the conservative method of treatment of cardiospasm.

The problem of plastic surgery of an artificial esophagus was the main topic of the discussions which followed. It was noted that at the present time the methods of intrathoracic surgery which provides the best results is preferred at this time. Prof. P. I. Androsov (Moscow), Prof. P. N. Napalkov (Leningrad), A. I. Osipov (Tomsk), and others spoke on this subject.

The large intestine, particularly the right half of it, is the more suitable for the creation of an artificial esophagus, it was emphasized in the talks. Prof. D. A. Arapov (Moscow) emphasized that the choice and the consequences of the operation (in one or several stages) depends on the condition of the patient; if the left half of the large intestine is to be used for the construction of the esophagus, it is then necessary to isoperistaltically place the intestinal tube.

In the opinion of Prof. M. A. Topchibashev it should not be forgotten that the small intestine can also be used as material for the building of an artificial esophagus. It is simpler to operate on the small intestine, while the section of the small intestine used is in the structure of its wall and its dynamics is close to a normal esophagus. Prof. G. G. Karabanov (Lvov) also thought that the method of plastic surgery for the forming of an artificial esophagus from the small intestine cannot be dismissed, it should keep its place (limited it is true) in the reconstructive operations of the esophagus.

In a presternal plastic operation on the esophagus the danger exists of an insufficient intestinal loop. In the development of such insufficiency, Prof. L. Ya. Shostak (Tallin) said, a definite part is played by the trauma of the vascular network during the operation when the intestine is passed through the subcutaneous tunnel. He therefore proposed to cover the loop of the intestine with an oil skin and then pass it through the subcutaneous tunnel.

Prof. A. Rusanov (Leningrad) spoke with disapproval of the operation for the formation of esophagogastric anastomosis described by Prof. A. A. Polyantsev. This operation, in the opinion of Prof. Rusanov, is the most difficult and dangerous of all operations of this type. More simple and rational methods of esophago-surgery are available. I. D. Kerpatovskiy (Moscow) thinks that the method of esophagus alloplasty with the application of synthetic plastics is more advantageous.

Prof. A. A. Busalov (Moscow) did not agree with the report on the pathogenesis of the cardiospasm read by Prof. V. A. Ivanov. On the basis of the results obtained in investigations which were carried out jointly with neuropathologists, he came to the conclusion that the

pathological picture of this disease indicates a disturbance of the automatic nervous system, the cardia and the entire esophagus which develops on the background of disturbed cortical neurodynamics. A cardiospasm (achalasia of the cardia) has a complex pathogenesis. As regards of etiological factor, the presence of a neurotropic infection or neurotropic viruses may be assumed.

All the speakers were unanimous in their opinion in regard to the Geyrovskiy operation in cases of cardiospasm. It is far more advisable, thought F. F. Saks (Tomsk), to utilize such methods in which the reflex zone of the mucous membrane and the cardia sphincter are preserved. A. O. Levin (Leningrad) stated that beneficial results are obtained when the new modification of the Geller operation in which the omentum is used; the omentum is an excellent plastic material when surgical treatment of cardiospasm is performed. Methods of treatment of cardiospasm described by Prof. Petrovskiy were also highly praised.

Prof. S. M. Buachidze (Tbilisi), Prof. N. Z. Monakov (Stalinabad), Prof. P. M. Kovalevskiy (Stavropol), Prof. N. I. Yeremeyev (Omsk), Prof. A. I. Serzhanin (Voronezh), Prof. I. V. Danilov (City of Kalinin), M. A. Podgorbunskiy (Kemerovo), also took part in the discussions. A summation of the problem under discussion was made by Prof. P. A. Kupriyanov.

The participants in the conference heard an account of the activity of the administration and the auditing commission of the All-Union Society of Surgeons.

Fifteen reports on the "Conservative and Surgical Treatment of Endartiritis" were heard. The conference continued its work.

Conservative and Surgical Therapy of Endarteritis

The problem of the therapy of endarteritis was discussed with great interest. The problems of the etiology, diagnostics, therapy and prophylaxis of the disease were taken up in detail in the reports which were presented. All the speakers emphasized the fact that an original theory of the etiology and pathogenesis of the disease was created in our country.

Obliterating endarteritis, Prof. A. N. Shabanov (Moscow) stated in his report, is a systemic vascular disease at the basis of which are modifications of the central and peripheral nervous systems. The first stage of the disease is marked by vascular spasms. As a result of these spasms, deeper modifications develop with the greatest changes taking place in the distal parts of the basic arterial trunks.

The early diagnosis of the disease and prompt hospitalization of the patients is one of the main conditions of rational therapy of the disease. In speaking about conservative therapy, Prof. Shabanov emphasized the necessity for the application of a complex number of measures: prophylaxis, diet, out-patient observation, medicinal therapy as well as physio-therapeutic and resort therapy. Conservative therapy should be widely utilized in addition to surgical interference. As to the intraarterial injections of novocaine, their effectiveness is highly doubtful.

Operative therapy of endarteritis in recent years has been carried out by the method of surgical interference on the sympathetic nervous system. Surgery on the marginal trunk as performed at the present time presents no danger whatsoever to the patients; the extraperitoneal approach to the lumbar ganglia reduces the surgical trauma to a minimum. Sympathectomy, as compared with other conservative methods of therapy, provides a longer and more stable improvement of the circulation in the extremities. This was confirmed by the personal experiences of the speaker: of the 225 patients who suffered from endarteritis 79 percent improved and exhibited satisfactory results.

Prof. G. P. Zaytsev (Moscow) spoke in detail on the problems of the etiology and pathogenesis of endarteritis. Endarteritis, in his opinion, is a neurosis of the arterial system occurring in young people, predominantly in males. Etiologically it is linked with chronic over-tension of the nervous system, primarily the central branch of the system. Disturbed function of the automatic nervous system and therefore "disorganization" of endocrine activity plays a significant part in the pathogenesis of endarteritis. Different irritating factors or a combination of such factors produce a constant and prolonged irritation of the nervous system. They cause corresponding changes in the vascular system which continually grow in intensity and evoke response reactions in the organism. These disturbances are expressed first of all by a spasm of the arterial system.

On the basis of clinical observations of endarteritis, Prof. Zaytsev reported that he classifies the disease by the following stages: first--angiospastic; second--thrombotic; third--necrotic; and fourth--

the gangrenous stage. Therapy is a complex process and must be strictly differentiated. Surgery on the nervous and vascular systems are pathogenetically not justified, and provide little success; it must of necessity be limited. Surgical methods in general should not be resorted to in the first and second stages of the disease.

A number of surgeons regard obliterating endarteritis as an inflammatory dystrophic neuro-vascular process which begins with disturbed vascular tonus, and is followed by the progressive development of disturbed metabolism and nervous trophism of the tissues and a lethal outcome. This concept of the pathogenesis of the disease was expressed by Prof. A. V. Vishnevskiy in 1929. On the basis of this concept the method of nonspecific pathogenetic therapy of endarteritis developed.

This method, Prof. V. I. Pshenichnikova (Moscow) said, includes the application of a novocaine blockade, oil-balsam dressings, drug therapy which seeks to improve the general condition of the patient (cardiac drugs, vitamins, pain relieving drugs, and others), and a strict regimen.

The overwhelming majority of measures now being applied in the therapy of endarteritis aim at the removal of spasms and the hastening of the development of collaterals. Prof. V. I. Struchkov (Moscow), in speaking on the principal problems of the therapy of obliterating endarteritis, said that he regards the methods used as correct. Many of them, however, fail to have an adequate effect on the general condition of the organism of the patient, on the functions of the cardiovascular system, and this plays an enormous role in the development of collaterals.

Prof. B. V. Ognev (Moscow) thinks that the application of regular novocaine blockades to the thoracic sympathetic ganglia is essential in cases in which the conservative therapy of spastic and sclerotic forms of endarteritis is little effective. If this is ineffective, the "exclusion" of the thoracic sympathetic ganglia by chemical means (novocaine and alcohol) should be resorted to; as an extreme measure, the removal of the third left thoracic sympathetic ganglion is indicated.

Prof. N. N. Yelanskiy (Moscow), in speaking of the therapy of patients suffering from angiospastic and thrombotic forms of endarteritis, emphasized the importance of complex therapy. It is necessary to remove all irritants which are capable of inducing vascular spasm (chilling, smoking, physical stress, nervous excitation); carry out the blockade of the vasoreceptor apparatus by intraarterial injections of novocaine; in the presence of an infection, the intraarterial injection of antibiotics is indicated. If hyperthrombinemia (Burger form) is present, the application of spasmolytic and ganglioblocking drugs is indicated. Prof. Yelanskiy thinks that Prof. Shabanov is in error in rejecting the effectiveness of the intraarterial injections of novocaine which seemingly induce spasms of the arteries and other complications. If such injections are not effective, then lumbar sympathectomy will also prove to be ineffective.

The method of intraarterial infusion of drugs and blood in the second stage of the disease produced beneficial results in 90 percent of the patients, according to Docent G. N. Zakharova (Saratov). In severe disturbances of trophism, occurring in the third stage of the disease, surgical gangliectomy is definitely indicated.

What tactics should a surgeon pursue in cases of acute endarteritis? Strict hospitalization with a strict bed regimen, intraarterial injections of novocaine (occasionally with the addition of morphine), and the administration of bromides are the measures recommended by Prof. A. T. Lidskiy (Sverdlovsk). Repeated paranephral blockades and the utilization of ganglioblocking preparations are essential. Intraarterial infusions of blood into the vessels of the affected extremity have a beneficial effect. Lumbar sympathectomy provides good results.

Sympathectomy in combination with intraarterial infusions produce a stable improvement is the opinion of Professors B. M. Makhmudbekov and L. S. Gutyrya (Baku). Professors Z. M. Mamedov, Sh. M. Gasanov, and M. G. Gusseyinov, their compatriots, hold a different point of view.

Their observations indicate that good results are obtained by combined therapy which includes the utilization of mastic; such mastic contains naphthalene, camphor, paraffin, ceresine and wax. Mastic therapy is combined with a lumbar novocaine blockade, according to the Vishnevskiy method, and alcoholization of the femoral artery by the Razumovskiy method.

Prof. I. Kh. Gevorkyan (Yerevan) spoke about the new method of the therapy of endarteritis obliterans used by him. At the basis of this method is arterial osmotherapy--the intraarterial administration of a hypertonic solution utilized in a complex with other therapeutic measures.

The importance of an early diagnosis of endarteritis obliterans has been emphasized in all reports. In this connection, the report read by Docent M. P. Vilyanskiy (Moscow), who spoke on the method of arteriography attracted considerable attention. This method makes it possible to note the different phases of modifications in the main arterial trunks of an extremity and provide adequate collateral circulation. The use of roentgenocontrast preparations (triiodotrast, diodon, cardiostast) and the strict observation of the technique of arteriographic investigation make this method completely safe for the patients. At the same time, Prof. N. I. Kradovskiy (Moscow) noted that the impassability and segmentary stenosis of a vessel which provides nutrition to an extremity as it appears on arteriograms, is a clear indication to the surgeon for surgical interference.

Prof. B. V. Petrovskiy, V. S. Krylov, and D. D. Venediktov (Moscow) in their reports pointed out the importance of the restorative surgery in cases of obstructions in the large arteries. Transplantation of vessels and suturless plastic prostheses have been utilized of late. The restoration of the permeability of large arteries affected

by atherosclerosis is possible by means of thromboendarterioectomy (removal of the modified intima), arterioectomy with the subsequent transplantation of homotransplants or prostheses, and the shunting and bypassing of the obliterated part of the artery with the help of a transplant.

Prof. A. N. Filatov (Leningrad) highly evaluated surgery on arteries in cases with thromboobliterating diseases of the lower extremities.

Foreign surgeons who were present as guests of the conference took an active part in the discussion of the problems of conservative and surgical therapy of endarteritis. Prof. Ch. Rob (Austria) spoke on the direct surgical treatment of arterial thrombosis in atherosclerotic cases. He emphasized the well-known priority of Soviet surgeons in the operative therapy of vascular diseases, and told of the restoration of circulation in a blocked artery. The best results in this case--immediate and remote--are obtained by operations of the direct suture method and thromboendarterioectomy. Surgical treatment of arterial thrombosis is highly promising. In addition to the aorta and arteries of the extremities, good results may be obtained by the surgical treatment of the carotid, vertebrate, renal, and mesenteric arteries. It will be possible to carry out similar surgery on the coronary vessels as well.

Prof. Knobloch (Czechoslovakia) spoke on the characteristics of diabetic gangrene. It is necessary to carefully differentiate between the arteriosclerotic modifications of the large arteries and the changes which take place in the peripheral vessels, and to take into consideration the significance of the toxicoinfectious element in the etiology of the diabetic gangrene.

Prof. G. Sven (United States) said that it gives him great pleasure to be able to participate in the sessions of the conference and to be able to carry out a free and friendly exchange of opinions with Soviet surgeons. His paper dealt with the problem of the application of hypothermy and perfusion of an organ, a part, or the entire body during vascular surgery. All of these are being applied at the medical school of the University of Colorado. The efforts of Soviet Scientists to improve the technique of arterial anastomoses in the transplantation of arteries is a great contribution to the solution to the problem of arterial diseases, Prof. Sven said.

Prof. P. Deterling (United States) spoke on the contemporary state of the problem of the transplantation of blood vessels. Artificial artery substitutes are now given recognition by American surgeons. It is advisable also to utilize the latest synthetic materials for this purpose. Thromboendarterioectomy is a suitable method of therapy in cases of slight obstructions of the common iliac artery and aorta; however, it is of little benefit in severe obstructions of the peripheral vessels. The continuous daily administration of anticoagulants to patients with arterial transplants is not indicated.

The method of the transplantation of vessels is utilized by Prof. V. Rapant, I. Fisher and M. Tomishu, Czechoslovak surgeons, in the

therapy of obliterating atherosclerosis. The participants in the conference with considerable interest heard their report. The Czech surgeons considered that this method of interference is indicated in cases with positive clinical symptomatology, segmentary type of obliteration, adequate passability of the channel below the anastomosis, and the absence of symptoms of acute thrombosis. Beneficial results can be obtained by the application of a venous transplant and alloplastic prosthesis from dacron and particularly from tephlon; sympathectomy is not supplementary in these reconstruction operations. Hemorrhage and early thrombosis are indicators for repeated surgery.

The conference was addressed also by Prof. R. Fonten (France) who spoke on the subject of surgical therapy of endarteritis obliterans.

Tsen Hsiang-chin (China) spoke on the investigations of the therapy of vascular diseases conducted by a group of Chinese physicians. N. Tabakova (Bulgaria) spoke on the conservative therapy of endarteritis. Prof. V. Makkay (England) told of the therapy of occlusion diseases.

I. Gruyev (Bulgaria) told of his experiences with the therapy of endarteritis. Interesting data on the surgical therapy of the same disease were cited in the reports by L. Sholtes (Hungary) and D. E. Bak (United States).

Ya. Igotka and I. Budinova (Czechoslovakia) spoke on surgical therapy of occlusions of the carotid artery. Prof. Ya. Navratil, I. Podloga, and N. Dvorzhak spoke on prostheses of the arteries carried out in Czechoslovakia. The report by R. Ranov (Bulgaria) was devoted to the etiology and therapy of the Burger disease. Prof. N. Hana (Rumania) spoke on surgery performed by Rumanian surgeons.

Prof. V. Stoyanovich (Yugoslavia) reviewed the methods of therapy of endarteritis obliterans. Prof. B. Bigelow (Canada) spoke on the conservative therapy of this disease.

Many delegates took part in the discussion of the problem of conservative and surgical methods of therapy of endarteritis. The problems as to which of the methods of therapy of this disease--conservative or surgical--is preferable were discussed.

Prof. V. N. Shamov (Leningrad) thinks that both methods should be carefully considered. Lumbar sympathectomy which removes vascular spasms is one of the more significant of operations. However, the method of by-passing, the creation of indirect circulation, is being more and more widely utilized. This is particularly important in cases of segmentary spasmodic disturbances of circulation in the upper branches of the vascular system.

Prof. R. P. Askerkhyanov (Makhach-Kala) claimed that one should not narrow down the indices to sympathectomy, as sometimes it is possible to avoid the amputation of the affected extremity. He thinks, that the methods proposed by Professors Gevorkyan and Mamedov, that is the introduction of a 25 percent solution of magnesium sulfate into the affected arteries or the application, or the method of alcoholization of the femoral artery are not effective.

Prof. N. Ye. Dudko (Kiev) emphasized the advisability of the utilization of conservative methods of therapy. He reported that satisfactory results have been obtained by the intravenous administration of physiological salt solution. Prof. K. D. Eristavi (Tbilisi) also spoke approvingly of the conservative methods of therapy; he emphasized the advisability of resort therapy of endarteritis.

An original point of view was presented by Prof. M. P. Sokolovskiy (Odessa). In his opinion endarteritis obliterans is an arterosclerosis of the vessels of the lower extremities. He proposes to utilize intravenous infusion of distilled water for the therapy of the disease, and in case of pain--to block the sciatic nerve.

A different method of surgical treatment was proposed by Docent I. M. Topchibashev (Baku). He thinks, that it is essential to remove not only the first ganglion, but also the entire "chain"--the second, third, and fourth as well. This operation must be widely utilized for the therapy of the spastic form of endarteritis obliterans.

The problem of plastic surgery of the vessels was discussed with particular interest. The speakers noted that to their regret the reports failed to provide clear recommendations when to use alloplastic materials and when--biological transplants. The opinion that it is possible to use in all cases either of the materials is hardly correct.

On the basis of a large number of observations, Prof. V. V. Kovanov (Moscow) recommended that preference be given to alloplastics in cases where operations on the large arterial trunks are required, and the use of hemotransplants in surgery on small vessels.

Prof. G. A. Orlov (Arkhangelsk) and Physician V. V. Ivanov (Prel) took part in the discussion of this problem.

Prof. A. A. Vishnevskiy who presided over the session made some conclusive remarks giving a summation of the discussion.

Bone Tumors

A series of reports dealt with this urgent problem. Among the speakers were representatives of different branches of medicine: oncologists, traumatologists, Roentgenologists, and specialists in the surgery of children.

Prof. N. N. Priorov (Moscow), in characterizing the contemporary state of the problem, emphasized that the thorough investigation of osteoarticular tumors carried out in recent years made it possible to identify such new forms as fibromas, chondrofibromas, synoviomas, and others. The necessity, therefore, arises to reexamine the existing classification of bone tumors. Due to the fact that the clinical picture of such tumors is devoid of symptoms, an early diagnosis presents considerable difficulties. Of great significance for the establishment of a diagnosis is either open or puncture biopsy.

The large amount of clinical experience accumulated at the Central Institute of Traumatology and Orthopedics proves the necessity of radical operations in cases of bone tumors, even if they are of a benign nature. In cases of malignant neoplasms it is necessary to carry out an amputation or an exarticulation; in benign cases--different resections. The latter method is preferable to the method of curettage of tumors for the latter is insufficiently radical and the tumor frequently recurs. However, even the most radical operations fail to cure malignant tumors. Complex methods of therapy are more promising in such cases: chemical and hormonotherapy, irradiation, antibiotics, etc. Complex methods must be developed and perfected. For the purpose of the successful study of the problem of tumors, the speaker said in conclusion, it is necessary to organize a single center on bone pathology, unite the efforts of scientists of different specialties, and to concentrate patients with tumors in the Institutes of Traumatology and Orthopedics.

Prof. T. P. Vinogradova (Moscow) spoke on the principles of the classification of bone tumors and characterized in detail a clinico-anatomical picture of the basic forms of tumors. The speaker emphasized that she considers the histological principle of classification to be most suitable and that classification should include all the basic forms of bone tumors if it is to serve as a reliable guide for the practicing physician. In its compilation should participate not only clinicians, but Roentgenologists and pathoanatomists as well. The advocates of short and simple classifications are in error; what is necessary is not to simplify but to raise to a higher level the oncological knowledge of the practicing physician.

Considerable attention was given by the participants in the conference to the problem of methods of surgical treatment of tumors. These methods were described in detail by Prof. V. D. Chaklin (Moscow) who spoke on the tactics used by the surgeon in the treatment of different osteoarticular tumors.

The method of surgery to be used, Prof. V. D. Chaklin said,

depends to a large degree on the localization and phase of the development of the tumor and the presence of metastases. Osteogenic sarcoma requires the most radical type of surgical interference. In such forms of tumors as chondromas, osteochondromas, lytic forms of gigantic cellular tumor, which frequently take on a malignant character, a sparing operation of a type in which a wide resection of a part of the segment of an extremity with bone plastic surgery is fully justified. Sparing operations in which the functions of the joint are preserved are possible even in cases of osteochondrous tumors of the joints. Such "preservative," according to N. I. Pirogov's terminology, operations are possible even in cases of tumors of the pelvic bones; it is possible to limit the operation to the wide resection of the pelvis and preserve the lower extremity.

The speaker warned against too great dependence on Roentgenotherapy of bone tumors, for in a number of cases it only serves to delay the period of surgical interference or even makes it impossible. At the same time it is the bone tumors (particularly those of the pelvis) which require the earliest diagnosis and prompt radical interference.

Prof. M. I. Kuslik (Leningrad) told of his experiences with the surgical treatment of gigantocellular tumors. These benign formations with their slow growth and typical nuclear structure are frequently similar to bone sarcomas in their clinical course and Roentgenological picture. However, they seldom become malignant and apparently only under the influence of such irritants as Roentgenotherapy, infections and surgery. The distinguishing characteristic of osteoblastoclastomas is the cessation of pain and a condition of tranquility, while in sarcoma the pain continues.

Professors L. M. Gol'dshteyn, A. S. Ol'shantskiy, and Ye. I. Prokof'yeva, (Leningrad) read a report on the remote results of the therapy of 352 patients suffering from osteogenic sarcomas. Even the most radical methods of the therapy of osteogenic sarcomas does not ensure recovery, according to data of the Institute of Oncology, Academy of Medical Sciences USSR. The overwhelming majority of the patients die in the first 2 to 3 years from metastases. Our main task is to search for methods of control of metastases, particularly of new chemico-therapeutical drugs which will prevent their development.

Prof. N. N. Blokhin (Moscow) spoke in his report on the research work in the field of chemo- and hormonotherapy of bone tumors being carried out by the scientists. Sarcocystin, the best known of the anti-tumor drugs is effective (and then only temporarily) only in cases of Jung's sarcoma or myeloma. The application of hormones in cases of metastatic bone tumors which result from cancer of the mammary gland provides a temporary delay in the development of metastases. In these cases young women should be prescribed large doses of preparations of male sex hormones with the simultaneous removal of the ovaries, while older women--large doses of the female sex hormone.

Generalizations based on considerable clinical experience were made by Prof. V. R. Braytsev (Moscow) in his report entitled "Fibrous Cysts and Gigantocellular Formations of the Bones, Their Pathogenesis, and Therapy."

Prof. S. A. Reynberg (Moscow) spoke on the Roentgenological principles of the clinical treatment of bone tumors. Little change has taken place in the incidence of the disease. Among bone diseases tumors are in the second place. Metastatic penetration into the bone system takes place with considerable intensity. The problem of the early diagnosis of bone tumors still remains unsolved, it must be said with regret. A Roentgenological examination of the patient as soon as possible is the main task. As it is, the patient suffering from a bone tumor is usually late in appearing before a Roentgenologist. The speaker was critical of the fact that patients were subjected to massive doses of X-rays for the purposes of diagnostics; it is his opinion that they are harmful and have no scientific basis.

A report entitled "Significance of Angiography for the Diagnostics of Bone Tumors," by Profs. M. G. Ruditskiy and A. V. Volchkov (Kursk) also dealt with the problems of diagnostics. Another report dealing with the problem of diagnostics and entitled "Errors of Diagnostics and their Consequences to the Clinical Treatment of Bone Tumors," was read by Prof. D. K. Yazykov (Moscow).

The unique course of bone tumors in children and the principles of their therapy were the subject of the reports read by S. D. Ternovskiy and M. V. Volkov (Moscow).

Profs. P. G. Kornev and D. G. Kovalenko (Leningrad) clarified some of the tumors of the bone system observed in the clinic of osteo-articular tuberculosis, in their report. N. R. Novachenko (Kharkov) spoke of his experiences with the therapy of patients suffering from benign tumors.

Interesting papers were presented also by the foreign guests to the conference.

Dr. A. Balinga (India) spoke of his observations on the course of osteoblastomas. These, for most part benign tumors, were found to be localized at the upper end of the tibia, in his clinical experience. Resection was found to be the most dependable method of therapy. In conclusion, he cited several cases of rare localizations as, for instance, in the patella area, and told of the remote results achieved.

Docent I. Sava, and Doctors T. Marosh and K. Chuguden (Rumania) advocated radical surgical therapy in their reports. Doctor of Medicine O. Lindbum (Sweden) dealt in detail with the problem of arteriography of bone tumors as a promising method of investigation.

Prof. B. Boychev (Bulgaria) spoke on the theme "Recurrence of Appearance of New Gigantocellular Tumor on a Grafted Bone."

M. Yanechek (Czechoslovakia) spoke of his experience with osteoplastic bone resections in the area of the knee joint.

Participants in the discussions argued against some of the premises which were advanced in the reports. Thus, Prof. D. G. Mamantavishvili (Tbilisi) thought that Prof. M. I. Kuslik's opinion that

gigantocellular tumors do not produce metastases is erroneous. Clinical data established that these neoplasms can become malignant, and reversely, can develop a tendency towards self-cure.

Prof. I. T. Shevchenko (Kiev), arguing from a position of a confirmed advocate of radiation therapy, did not agree with Prof. V. D. Chaklin's opinion that radiation therapy is not justified in cases of pelvic tumors. Citing his own observations of remote results of therapy, Prof. Shevchenko, countering Prof. Kuslik's opinion, claimed that gigantocellular tumors are sensitive to the action of radiation. A number of speakers argued against the wide application of the method of curettage of bone tumors claiming that it leads to the recurrence of the disease.

V. P. Selivanova (Stalinsk) called the attention of the participants in the conference to the fact that an absence of pain does not necessarily indicate a benign tumor and may occur in cases with sarcomas. This must be taken into consideration in diagnostics of the disease.

Prof. P. G. Kornev (Leningrad) expressed his regret that the conference gave little attention to tumors of the spine. Early diagnosis is particularly important in cases of this disease. It is therefore necessary to increase the oncological knowledge of the physician. This is a most important task. Greater attention should be paid to pretumor conditions, the so-called "presarcomas" said Prof. I. G. Lagunova (Moscow). She emphasized the particular importance of the bone tumor classification problem and presented her own principles on classification.

Prof. V. Ya. Shlapoberskiy (Moscow) spoke on the problem of diagnostics and the great importance of open and puncture biopsies which are widely resorted to in the Central Institute of Traumatology and Orthopedics. Biopsy must necessarily precede Roentgenotherapy of tumors in the speakers' opinion.

Prof. T. E. Gnilyoribov (Dnepropetrovsk) and Prof. V. G. Vainshstein (Leningrad) also took part in the discussion.

A resume of the proceedings was given by Prof. N. N. Priorov, the Chairman of the conference, who emphasized the correctness of the trend in the therapy of bone tumors. It is first of all, he said, a sparing therapy, and a widely applied restoration surgery. More emphasis should be given to chemico- and hormonotherapy. In conclusion, Prof. Priorov recommended that the method of bone tumor classification proposed by Prof. Vinogradova be used.

P. A. Kupriyanov gave an accounting report of the activity of the Administration of the All-Union Scientific Society of Surgeons.

In the period accounted for, the Administration of the Society dealt with problems of the further development of the country's surgery, with particular attention to surgery of the thoracic cavity organs. Considerable successes have been attained in the area. An Institute of Thoracic Surgery, a new scientific center, was formed in the system of the Academy of Medical Sciences USSR. Organized also were Chairs of Thoracic Surgery at a number of Institutes for the

Advanced Training of Physicians, and special departments for the surgical therapy of patients with affections of the thoracic cavity organs. Forty-five departments of Thoracic Surgery are now in operation. A new journal "Thoracic Surgery" is being published in accordance with the decisions adopted at the 26th Conference of Surgeons.

An important task of the administration was the preparation for and the conduct of the Sixth Plenary Session of the Administration in Leningrad. Problems of the surgical therapy of cancer of the esophagus and cardia, and acute cholecystitis were discussed. More than 1,000 persons took part in the session. The All-Union Conference of Surgeons, Traumatologists and Anesthetologists held in Kazan was also successfully conducted. The works of proceedings of the session and conference were published.

The activities of the Scientific Societies were activated throughout the country. Good work was done by the Administration of the All-Russian Society of Surgeons which at its sessions and conference discussed urgent problems of contemporary surgery: therapy of thrombophlebitis, strangulated hernias, pelvic fractures, diseases of the thoracic and abdominal cavities. Reports on surgery on lungs, the application of antibiotics in surgery, blood transfusions, and other problems were read at the Latvian SSR Republican Conference of Surgeons. Speakers at the conference noted the positive activities of the Society. At the same time they criticized the Administration of the Society and the Ministry of Health USSR for their failure to give adequate attention to problems of anesthesiology, the supply of new equipment and instruments to therapeutic establishments. This was the topic of talks made by Prof. T. P. Makarenko, I. S. Zhorov, and A.A. Somov—the Chief Surgeon of Arkhangelsk Oblast. The conference heard and confirmed the report of the Executive Committee.

The participants in the conference unanimously elected as honorary members of the All-Union Society of Surgeons the following: Academician A. N. Bakulev; Professors A. G. Brozhozovskiy, M. I. Kolomiychenko, P. G. Kornev, P. I. Kupriyanov, B. E. Linberg, N. N. Priorov, A. G. Savinykh, A. I. Savitskiy, A. V. Smirnov, M. A. Topchibashev, and K. D. Eristavi.

At the end of the evening session a talk by Prof. I. G. Rufanov, an honorary member of the society, dedicated to the 150th anniversary of the birth of N. I. Pirogov, was heard with attention by the participants in the conference.

The participants in the conference elected 83 members of the Administration of the Society. Prof. P. A. Kupriyanov was elected to the post of Chairman of the Administration of the All-Union Society of Surgeons.

The conference heard with considerable interest a number of talks which were not on the program. Dr. U. Walters (United States) told of his experiences with the surgical treatment of gastric ulcers. Docent M. Herbst (German Democratic Republic) presented a report on the effect of the duration and stage of the diseases on the results of

mitral commissurotomy.

Prof. Ya. Navratil (Czechoslovakia) spoke on the subject of the application of hypothermy and artificial circulation in the surgical therapy of cardiac affections. Prof. E. Khusfel'd (Denmark) read a report entitled "Defects of Interatrial Septum." Academician K. Shishka (Czechoslovakia) spoke on surgery of mitral stenoses on an open heart.

Following the discussions, the 27th All-Union Conference of Surgeons adopted resolutions on the problems of the program. An expanded decision on the report presented by the Administration of All-Union Scientific Society of Surgeons was also adopted. In closing the conference, Prof. Kupriyanov noted with satisfaction the satisfactory work which was completed.

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